

Dr. W. Belmont White
City of Le. Bldg.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

399

23146

1. PLACE OF DEATH **Jackson**
County **Kaw** Registration District No. **1000**
Township **Kansas City** Primary Registration District No. **5629 Euclid**
City **Kansas City** (No. **5629 Euclid**) St. **2849** Ward **2849**

2. FULL NAME **Fredricka Gnefkow**
(a) Residence, No. **5629 Euclid** St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Fe** 4. COLOR OR RACE **Wh.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOW**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Ferdanand Gnefkow** (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **feb. 24, 1843**

7. AGE YEARS **90** MONTHS **4** DAYS **15** If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER FATHER 13. NAME **William Spietz**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Not Known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **William F. Gnefkow** (ADDRESS) **5629 Euclid**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lawrence Kansas** DATE **July 11 33**

19. UNDERTAKER **Juirk & Tobin Co.** (ADDRESS) **20 W. Linwood**

20. FILED **July 10, 1933** **m. m. Crowe** Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 9th 1933**

22. I HEREBY CERTIFY, That I attended deceased from **July 8, 1933** to **July 9, 1933**
I last saw h. **live** on **July 8, 1933** Death is said to have occurred on the date stated above, at **945 p.m.**
The principal cause of death and related causes of importance were as follows:
uraemia Date of onset **5 days**
131
93C
132 B
Other contributory causes of importance:
chronic nephritis - deuffa
chronic myocarditis - deuffa
Name of operation **none** Date of operation _____
What test confirmed diagnosis **toxicity** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **no injury**
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify _____
(Signed) **F. B. Pulley** M. D.
(Address) **420 angle N. E. Ave.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

